

<b>Case Number:</b>	CM14-0204970		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	08/22/2003
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	11/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 69 year old male with date of injury 8/22/13, sustained while responding to a fire as a police officer. The treating physician report dated 09/4/14 (65) indicates that the patient presents with pain affecting the low back. The patient complains that his back pain seems to be getting worse on a day-by-day basis. The patient goes on to state in a report dated 09/29/14 that his right calf cramping is now moderate to severe and therefore walks with a modified gait. The physical examination findings reveal extension is 10 degrees with marked amounts of pain in the lower lumbar spine, clinically consistent with spinal stenosis and lumbar facet hypertrophy. Prior treatment history includes a TENS unit, inversion table, and prescribed medications of Clopidogrel, Atorvastatin, Carvedilol, Avapro, Aspirin, Trillpix, Singular, Asmanex, Spiriva, Pulmicort, Xopenex, ProAir HFA, Dexilant, Hydromorphone, Tizanidine, and Duloxetine. MRI findings reveal degenerative disc changes in all levels of the lumber spine, slight scoliosis with the convexity on the right, and moderate canal stenosis at L2-3. The current diagnoses are: 1. Lumbago 2. Lumbar spondylosis 3. Lumbar radiculopathy 4. Acquired scoliosis, degenerative, lumbar 5. Coronary artery disease 6. Pulmonary issues The utilization review report dated 11/11/14 denied the request for TENS pads supplies (4 pads a month), Hydromorphone 4mg #60, Tizanidine 2mg #60, and Physical medicine therapy, one to three (1-3) times for any acute flare up based on a lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**TENS pads supplies (4 pads a month):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS transcutaneous electrotherapy Page(s): 114.

**Decision rationale:** The patient presents with pain affecting the low back. The current request is for TENS pads supplies (4 pads a month). The treating physician report dated 6/19/14 (32) states that the patient will benefit from ongoing TENS supplies as this does seem to give the patient short-term relief, which does diminish the amount of hydromorphone that he uses. A progress report dated 09/4/14 states that the patient does find good benefit from using his TENS unit periodically on a daily basis. The report goes on to state that his activities of daily living seem to be improved ever so slightly with a TENS unit but this seems to make enough difference so that it is worthwhile. The MTUS guidelines support the usage of a TENS unit for the treatment of chronic intractable pain caused by neuropathic pain, diabetic neuropathy, CRPS II, Spinal cord injury and MS. MTUS page 8 requires the ongoing monitoring of treatment and continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. The physician has provided documentation of functional improvement from the use of a TENS unit. Furthermore, the physician has noted that the patient uses his TENS unit periodically on a daily basis. In this case, the patient experiences an improvement in ADL's from the daily use of his TENS unit and therefore the request for additional TENS pads is within MTUS guidelines. Recommendation is for authorization.

**Hydromorphone 4mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Opioids Page(s): 74-96.

**Decision rationale:** The patient presents with pain affecting the low back. The current request is for Hydromorphone 4mg #60. The treating physician report dated 09/4/14 states that patient's pain seems to be getting worse on a day-by-day basis. MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). Reports provided show the patient has been taking hydromorphone since at least 6/19/2014. While it is noted in a report dated 09/4/14 that the patient finds hydromorphone taken four times a day seems to be "providing with good functional benefit" there is no direct assessment of the patient's pain levels in any of the documents provided. Furthermore, the patient complains that his pain is increasing on a daily basis. In this

case, no evidence of functional improvement has been documented and there are no records provided that document the patient's pain levels with and without medication usage and none of the required 4 A's are addressed. The MTUS guidelines require much more documentation to recommend continued opioid usage. Recommendation is for denial and slow weaning per the MTUS guidelines.

**Tizanidine 2mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS, Muscle relaxants Page(s): 63.

**Decision rationale:** The patient presents with pain affecting the low back. The current request is for Tizanidine 2mg #60. The treating physician report dated 09/4/14 notes that the patient indicates Tizanidine seems to help him deal with the pain. Reports provided show the patient has been taking Tizanidine since at least 6/19/14. The MTUS guidelines state that, "Tizanidine (Zanaflex) is a centrally acting alpha<sub>2</sub>-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain." The MTUS guidelines support the usage of Tizanidine for chronic low back pain, myofascial pain and fibromyalgia. In this case, there is no evidence of documented functional improvement from the use of Tizanidine. Furthermore, the patient's pain level is not addressed with and without the use of current medication and the patient indicates that his back pain is increasing on a day-by-day basis. The current request does not satisfy MTUS guidelines as outlined on page 60. Recommendation is for denial.

**Physical medicine therapy, one to three (1-3) times for any acute flare up: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Physical medicine Page(s): 98-99.

**Decision rationale:** The patient presents with pain affecting the low back. The current request is for Physical medicine therapy, one to three (1-3) times for any acute flare up. The treating physician report dated 9/4/14 does not address the current request for physical medicine. There is no evidence of a quantity of physical therapy sessions previously obtained and there is no duration or frequency specified in the current request. MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. In this case, the treating physician has not documented a specific quantity of therapy requested. In stating 1-3 times for any acute flare-up there could be an unlimited number of physical medicine therapy visits required. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The

current request is not medically necessary as an open ended request does not meet the MTUS guidelines. The recommendation is for denial.